MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP	IND	DEP	IND	DEP
1	\					
2	\					
3		\				
4		\				
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49						
50						
TOTAL IND.	11					
TOTAL DEP.	29					
TOTAL CLAIMS	40					

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
54							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							